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FILED
Clerk
District Court

JUN - 8 2006

For The Northern Mariana Islands
By _____
(Deputy Clerk)

UNITED STATES DISTRICT COURT
FOR THE
NORTHERN MARIANA ISLANDS

TOSHIHIRO TAKAHASHI,

Plaintiff,

v.

MAEDA PACIFIC CORPORATION,

Defendant.

CIVIL ACTION NO. CV 05-0026

OPPOSITION TO DEFENDANT'S
FURTHER CONSIDERATION OF
MOTION IN LIMINE TO EXCLUDE
TESTIMONY OF DR. H. CHRISTINE
BROWN

DATE: June 8, 2006
TIME: 9:00 A.M.
JUDGE: Hon. Alex R. Munson

The Plaintiff, Toshihiro Takahashi, opposes the Defendant's renewed motion to exclude the testimony of Dr. H. Christine Brown. Dr. Brown has the qualifications and information needed to render the opinions she renders. Moreover, the opinions are stated with sufficient certainty to be admissible. Defendant's claims to the contrary are without merit.

I. Dr. Brown Has The Expertise To Testify In This Case.

Defendant wrongly claims that Dr. Brown, as a general practitioner, cannot testify as to the permanent nerve damage in the Plaintiff's finger. Both case law and the facts present in this case belie this contention.

1 As a threshold matter, other courts have allowed general practitioners, such as Dr.
2 Brown, to testify as experts regarding whether there was an injury to a nerve and whether or not
3 the injury was permanent. *See Swenson v. Hampton*, 424 S.W.2d 165, 167 (Ark. 1968); *see also*
4 *Ragusano v. Civic Center Hospital Foundation*, 199 Cal.App.2d 586, 592 19 Cal.Rptr. 118, 122
5 (1962).

6
7 The *Swenson* case is right on point. In *Swenson*, the defense made the same arguments
8 that are made here. It claimed that a neurological exam, which the expert could not perform, was
9 needed to admit expert testimony regarding a nerve injury and whether it was permanent. *Id.* As
10 here, it claimed that this fact was confirmed because the expert said that they would defer to a
11 neurologist and, in fact, had referred the Plaintiff to see a neurologist. *Id.*

12 The court rejected these contentions. It held that:

13
14 A general practitioner often refers his patients to specialists, as for the removal of an
15 appendix or for the treatment of a skin disease. That does not mean, however, that the G.
P. is not qualified to discuss his patients' ailments.

16 *Id.* As a result, the court affirmed the trial court's decision to allow a general practitioner, like
17 Dr. Brown, to testify about a nerve injury and whether it was permanent.

18 This decision is consistent with Ninth Circuit precedent in which that court has allowed
19 experts to testify based simply on their experience and without particularized knowledge of a
20 specialty. *United States v. Garcia*, 7 F.3d 885, 890 (9th Cir. 1993). Indeed, if there are
21 questions about particularized expertise, those questions go "to the weight accorded her
22 testimony, not to the admissibility of her opinion as an expert." *Id.* at 890.

23
24 Like the doctor in *Swenson*, Dr. Brown has the experience to render the opinion that the
25 Plaintiff has suffered permanent nerve damage. Only by ignoring her experience can the
26 Defendant come to another conclusion. Dr. Brown graduated from medical school in 1992 and
27 has practiced as a general practitioner for the entire fourteen year period since that graduation.
28

1 Curriculum Vitae H. Christine Brown, Ex. A. Defense counsel failed to ask what this experience
2 entailed. Plaintiff's proffer that had the inquiry been made, it would have revealed that she has
3 examined and diagnosed other nerve injuries that were determined to be permanent and non-
4 permanent.

5
6 Besides her qualifications, the facts of this case support Dr. Brown's opinion. Based on
7 Dr. Brown's extensive experience in private practice, she examined the patient and his x-rays.
8 Brown Deposition, Ex. B, at 8:6-7, 14:5-16:7. She explored alternative theories until she
9 reached her conclusion. *Id.* at 14:5-16:7. And she relied on the examination reports of other
10 Saipan medical clinics. *Id.* at 6:16. Notably, two of the other examination reports also conclude
11 that there was nerve injury. Progress Notes, Saipan Health Clinic, May 27, 2005, Ex C;
12 Examination Report, Dr. Norma Ada, Medical Associates of the Pacific, LLC, September 12,
13 2005, Ex. D. And Dr. Brown relied on the time over which the nerve injury has not healed
14 (more than fourteen months) in reaching the conclusion it was permanent. Brown Deposition at
15 21:7-11. Finally, Dr. Brown has stated under oath that she is qualified to make all the opinions
16 she renders. *Id.* at 4:9-13, 21:6-11.

17
18 It does not matter if Dr. Brown is not a neurologist or would defer to the findings of one
19 regarding the extent of the injury. As a general practitioner with fourteen years of experience in
20 private practice, Dr. Brown has the experience necessary to render the opinions she does.
21 Indeed, her opinions are supported by others. Defendant's objections go to the weight to accord
22 her testimony and not to its admissibility.

23
24 The bottom line is Dr. Brown has the education, knowledge and experience which "will
25 assist the trier of fact to understand the evidence or to determine a fact in issue." Fed. R. Ev.
26 702. For instance, a trier of fact would not know the difference between a sprain and nerve
27 injury nor the typical healing process for injury to a finger. Here, her education, knowledge and
28

1 experience are not commonly known by the trier of fact and her expertise in the area will be
2 helpful. It should be admitted.

3 II. Dr. Brown's Examination Was Adequate.

4 The Defendant's counsel appears to claim that Dr. Brown's examination was not long
5 enough to be sufficient. The Defendant cannot point to any actual deficiency in the examination
6 of the patient and his x-rays. Defendant also cannot claim that Dr. Brown had to do anything
7 more to reach her conclusion or that another doctor would have performed additional or even
8 different tests.

9
10 Dr. Brown examined the Plaintiff, pictures and x-rays of the Plaintiff's injury dated over
11 the course of a year, and reviewed the examination reports from three other Saipan health clinics
12 prepared over the course of a year. As discussed above, two of the clinics that examined the
13 Plaintiff's hand came to the same conclusion as Dr. Brown: that he had suffered nerve injury.
14 During Dr. Brown's examination, she looked for and eliminated several alternatives before
15 reaching her conclusion. Brown Deposition at 14:6-16:7.

16
17 The history and live examination provided Dr. Brown the information she needed to
18 reach her conclusions. In short, Dr. Brown's examination was sufficient. None of Defendant
19 claims can contradict this.

20 III. Dr. Brown's Opinion Is Specific Enough To Be Admissible.

21 Defendant incorrectly claims that Dr. Brown's opinion is inadmissible because it is not
22 stated with a "reasonable medical certainty or even a reasonable medical probability."
23 Defendant does not explain what these standards mean or even if they apply. Using the proper
24 standards, the opinions are admissible.

25
26 As the United States Supreme Court has ruled: "it would be unreasonable to conclude
27 that the subject of scientific testimony must be 'known' to a certainty; arguably, there are no
28

1 certainties in science.” *Daubert v. Dow Pharmaceuticals, Inc.*, 509 U.S. 579, 590 (1993). As
2 long as the opinion has some basis and trustworthiness, it is admissible. *Id.* at 590 n.9.

3 As explained above, Dr. Brown’s opinions are based on her fourteen years of practice as
4 a general practitioner, her examination of the patient, the examinations of other doctors, and the
5 length of time that injury has persisted. And the opinions are stated with sufficient clarity for
6 admission. Dr. Brown states that there is nerve damage based on her examination and that it is
7 permanent based on the persistence of the injury beyond the normal time an injury would heal.
8 That experience and evidence provides a sufficient basis and trustworthiness to admit her
9 opinions.
10

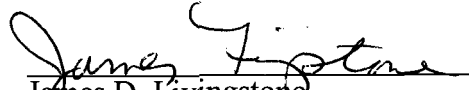
11 In addition, the terms “reasonable medical certainty” or “reasonable medical probability”,
12 assuming they are relevant, simply mean more likely than not. *Burke v. Town of Walpole*, 405
13 F.3d 66, 91 (1st Cir. 2005) (citing Black's Law Dictionary 1294 (8th ed.2004)). Dr. Brown’s
14 opinions, even though some are qualified, meet this standard.
15

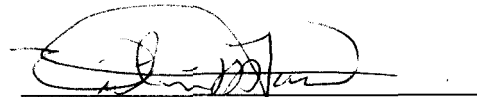
16 Finally, Dr. Brown’s opinions are sufficiently reliable. If there are questions, however,
17 the proper mechanism is not to exclude the evidence, but instead use other mechanisms allowed.
18 For instance, “[v]igorous cross-examination, presentation of contrary evidence, and careful
19 instruction on the burden of proof are the traditional and appropriate means of attacking shaky
20 but admissible evidence.” *Daubert*, 509 U.S. at 596 (citing *Rock v. Arkansas*, 483 U.S. 44, 61
21 (1987)).
22
23
24
25
26
27
28

CONCLUSION

Dr. Brown's testimony is admissible. She has the qualifications and factual basis for her opinions, she has conducted a sufficient investigation, and she states her opinions with a sufficient degree of certainty. Defendant's contentions to the contrary are simply objections that go to the weight her testimony should be provided, not its admissibility. Each should be rejected.

Date: June 7, 2006.


James D. Livingstone


Victorino DLG. Torres
Torres Brothers, LLC

May 01 20 05:11p

Micronesian Health Corp

670-235-8378

Curriculum Vitae
H. Christine Brown

Current Address

PO Box 504669 CK
Saipan, MP 96950
Phone: (670) 235-8880
e-mail: hcbrown@yahoo.com

Personal

Birth Date: August 29, 1959
Birth Place: Saiki, Japan
Marital Status: Single

Residency

University of Cincinnati
Family Medicine Residency Training Program
International Health Track
Cincinnati, Ohio
1992 - 1995

Medical Education

University of South Florida
College of Medicine
Tampa, Florida
M.D., May 1992
1988 - 1992

Undergraduate Education

University of Central Florida
Orlando, Florida
B.S. in Biology, May 1998
1986 - 1988

University of Central Florida
Orlando, Florida
B. S. in Respiratory Therapy, July 1982
1979 - 1982

Stetson University
DeLand, Florida
1978 - 1979

Oral Roberts University
Tulsa, Oklahoma
1977 - 1978

EXHIBIT**A**

Professional Experience

Hendry Family Care Center
500 West Sagamore Avenue
Clewiston, Florida 33440

August 1995
to December 1999

Locum Tenens in Queensland, Australia
Global Medical Staffing
Salt Lake City, Utah

January 2000
to September 2000

Elder Health of Volusia
1555 Saxon Blvd., Suite 501
Deltona, Florida

November 2000
to July 2001

Island Medical Center
PO Box 504669 CK
Saipan, MP 96950

April 2002
to Present

Certification

NBME Part I: June 1990
NBME Part II: September 1991
NBME Part III: May 1993
Board Certified Family Practice 1995

IN THE UNITED STATES DISTRICT COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

TOSHIHIRO TAKAHASHI,

Plaintiff,

vs.

MAEDA PACIFIC CORPORATION,

Defendant.

CIVIL ACTION NO.: CV 05-0026

DEPOSITION

OF

DR. CHRISTINE BROWN

MAY 24, 2006

TRANSCRIBED BY:

LAWYERS' SERVICES

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EXHIBIT

B

1 A: I was.

2 Q: All right. And where was that case with?

3 A: Louville, Florida [INAUDIBLE].

4 Q: Have you ever testified in a court proceeding here in
5 the Commonwealth?

6 A: No, I have not.

7 Q: Have you ever been qualified as an expert by any court?

8 A: No, I have not.

9 Q: Base on your education, training and experience, do you
10 consider yourself qualified to testify as an expert
11 regarding the nature and extent of injury to Mr.
12 Takahashi's finger in this case?

13 A: I do.

14 Q: And what do you feel gives you the qualifications to
15 express an expert opinion in this matter, please?

16 A: Okay, as well as I went to medical school ---

17 Q: Okay.

18 A: --- and I did a family practice residency, which we had
19 exposures to basically all different types of medical
20 sub-specialties; including neurology and I actually
21 spent a couple weeks working with a hand surgeon as
22 well.

23 Q: And when would that have been?

24 A: In '91, '92.

1 Q: Could that have been as part of your medical school
2 training or residency?

3 A: Part of my residency.

4 Q: And where did you do your residency?

5 A: University of Cincinnati [INAUDIBLE].

6 Q: That was in the family medicine residency training
7 program?

8 A: Right.

9 Q: I noticed, looking at your CV under residency it shows
10 "international health track" what is that, please?

11 A: My residency had --- kinda focused on learning to do
12 medicine in [INAUDIBLE] areas and stuff like that and
13 actually part of my training was done in Kenya and
14 [INAUDIBLE].

15 Q: To the best of your recollection, when were you first
16 contacted to be an expert witness in this case?

17 A: It's been a month or so ago.

18 Q: I see you have some documents with you today for your
19 deposition, would you recite for us please what
20 documents you brought with you to the deposition today?

21 A: Okay. I have a copy of my progress note when I
22 interviewed Mr. Takahashi.

23 Q: And what's the date of that please?

24 A: I interviewed him on --- April 19, 2006.

1 Q: Okay. May I see that document, I want to make sure
2 that I got a copy of it?

3 A: I didn't put the date on the [INAUDIBLE], I can't
4 believe I did that, but that was the date.

5 Q: I have a copy of that, that document, okay.

6 A: Okay. And then I have copy of his medical records from
7 Pacific Medical Care on March 18. A record of
8 treatment of [INAUDIBLE] in Japan on March 20th, an
9 interpretation was that medical records from Saipan
10 Health Center, an interpretation of his right hand x-
11 ray on May 27, 2005. Medical record report from Dr.
12 Norma Ada on September 12, 2005. Some receipts and
13 medical certifications from Dr. Suyu [PHONETIC] in
14 Japan from April 5, 2005 through March 2006. I have
15 copy of the depositions of Mr. Takahashi on April 12,
16 2006 and [INAUDIBLE].

17 Q: And you have all those documents with you today?

18 A: Yes.

19 Q: May I see those, please?

20 A: [INAUDIBLE].

21 Q: Do you have any other documents that you relied on in
22 forming the opinions that you've expressed in your
23 report to Mr. Torres?

24 A: No.

1 Q: Let me set this over here so I don't get them all
2 messed up. Your reports or the copies of the notes you
3 have from Pacific Medical Center actually begin on
4 August the 19th, 2004 and go through January the 18th,
5 2006, will that be correct?

6 A: Yes.

7 Q: Also, I noticed on your resume that you were born in
8 Japan.

9 A: I was.

10 Q: Do you have any Japanese language skills?

11 A: None, I know a few words, but.

12 Q: You won't ---

13 A: I left Japan when I was four.

14 Q: --- okay, you won't be qualified to make your own
15 interpretation anyway?

16 A: No, I'm [INAUDIBLE].

17 Q: Well, if there's an issue in this case and that's why I
18 wanted to make sure on the record that you would not be
19 qualified to make any interpretation of any Japanese
20 language ---

21 A: Not really [UNINTELLIGIBLE].

22 Q: Let me finish my question, please.

23 A: Yes.

24 Q: Your not qualified to make any interpretation of a

1 Japanese language document that has been provided in
2 this case?

3 A: No.

4 Q: Okay, thank you. Go ahead, you were going to say
5 something?

6 A: Yeah, the one thing I don't have with me that I did
7 have was I looked at the x-ray itself.

8 Q: Okay.

9 A: This x-ray, in fact, I photo-copied it.

10 Q: Is that the one from Saipan Health Clinic?

11 A: Saipan Health and that's --- that was with it, that
12 interpretation.

13 Q: Okay. And if I understand, if I can read that, that
14 says no fractured?

15 A: Right.

16 Q: Okay, thank you doctor. For the record I think I have
17 copies of all of these documents with the exception of
18 the x-ray and the interpretation that was attached to
19 it.

20 MR. TORRES: Do you want a copy of that?

21 MR. OSBORN: That's not necessary, if I want it I'll
22 give it --- give you a howler.

23 Q: Do you have any other file of your examination of Mr.
24 Takahashi other than what you have with you today with

1 A: I did.

2 Q: All right. Could you describe for us please the extent
3 of the examination that you did with Mr. Takahashi,
4 please?

5 A: I looked at his shoulder, which of course has --- which
6 has been healed. I looked at his --- the scare in his
7 leg, which had healed, the scare. I looked at his
8 finger, I asked him to move the finger --- first of
9 all, its swollen at the proximal, the --- this joint
10 right here --- it's the MCP joint metacarpalphalangeal
11 joint, so it's the joint between the finger and the
12 hand --- and it was swollen there a little bit.

13 Q: And when you say it was swollen just a little bit ---

14 A: Mild swelling.

15 Q: Okay.

16 A: Yeah.

17 Q: Swollen a little bit?

18 A: Yeah.

19 Q: Close enough?

20 A: Yeah.

21 Q: Okay.

22 A: I had to move the joint --- that joint, the MCP joint
23 and also the proximal and distal interphalangeal joints
24 which are the ones between the two joints on the finger

1 ---

2 Q: Okay.

3 A: --- and he was able to bent at the MCP joint without
4 pain and without difficulty. He was --- he had
5 difficulty bending the two interphalangeal joints and
6 it was tender when he did that.

7 Q: Was it tender to [INAUDIBLE] of the thing?

8 A: No.

9 Q: Okay.

10 A: It was when bending. And he wasn't able to fully flex
11 those two joints --- those two joints. And --- there
12 weren't --- was no redness or sweating or anything like
13 that.

14 Q: I noticed that in your report, when you say no
15 sweating, [UNINTELLIGIBLE]?

16 A: Yeah, [INAUDIBLE].

17 Q: That struck me --- something I wasn't familiar with.

18 A: I mean there's a condition called "reflex sympathetic
19 dystrophy" that I wanted to rule out.

20 Q: Okay.

21 A: And that is if the sympathetic nerves which are nerves
22 involved in sweating and in [INAUDIBLE], so if people
23 who have reflex sympathetic dystrophy will have redness
24 and will actually have like inappropriate sweating.

1 Q: So with sweating, we're talking in terms of
2 perspiration?

3 A: We are talking in terms of perspiration.

4 Q: Okay. All right, I thought it was some different
5 medical reference. Okay. What other examination, if
6 any did you performed?

7 A: That was it.

8 Q: Before we forget, let's go ahead and let's mark as
9 exhibit 1, a copy of the report from a Dr. Brown that's
10 dated April 21st, 2006, of her examination of Mr.
11 Takahashi --- and we got this from Mr. Torres. Let's
12 give that to the doctor and I've got a copy, to you.
13 And then let's mark as exhibit 2, the progress note of
14 Dr. Brown that she referred to earlier in her
15 deposition, okay. In referring to deposition exhibit
16 1, the report, on the second page under section 3,
17 statement of opinions to be express, subsection D,
18 there's a referenced to Mr. Takahashi advising you that
19 he had received some electromagnetic treatment in
20 Japan, do you see that referenced?

21 A: Yeah, yes.

22 Q: Okay. Can you describe for me please what this
23 electromagnetic treatment is that he was receiving?

24 A: I have no idea. That's what he told me he received, I

1 Q: Your report indicates that from your prospective to
2 determine the extent of the injury or the permanency of
3 any injury, that determination should be made by a
4 neurologist, is that a fair statement?

5 A: Yes.

6 Q: Okay, that's beyond your area of expertise?

7 A: Well, I would say that my expertise --- how do I say
8 that --- Hmn, not the --- how to word it. I think that
9 I'm qualified to say that this is likely to be a
10 permanent injury based on the fact that it --- its
11 persistent for more than a year.

12 Q: And that's the opinion you've expressed in your report?

13 A: Right.

14 Q: Okay. Thank you.

15 MR. OSBORN: I have no further questions. Oh, I take
16 that back. I do have one or two other questions.

17 Q: We were provided and I'll mark this as exhibit 3, a
18 copy of what appears to be --- I'm assuming an invoice
19 from Island Medical Center for fifty-seven dollars, did
20 that cover the examination on the 19th?

21 A: Yeah, that's our first visit fee.

22 Q: Okay. And can you tell me what this notation here
23 under description, it says new patient problem
24 something and then 3-1-1-4-3-2, can you interpret that

PROGRESS NOTES

Page: 1

Date printed: 05/27/05

Name: TOSHIHIRO TAKAHASHI

ID: 78563

SEX:M AGE: 58

05/27/05

pain

140/80

98.1 / 178

CURRENT MEDICATIONS

MAJOR PROBLEMS

LMP:

Cigarette:

Accident/Work Related Accident/Auto Accident: yes

(Describe Above: as above was just walking outside the sidewalk by his business place , sudden trip by a pipe along the sidewalk , hitting his rt.hand down to the ground and also got cut on his rt.leg , was seen at PMC -given medicine and x-ray done , then when back to Japan , also x-ray was done and given medicine with thrapy .electrical impulse in the rt index finger

SUBJECTIVE:

PATIENT HISTORY:

This 58 yr y.o. male is complaining of: as above noted since 1 month ago , is here for second opinion , still with pain , numb and like "shocking sensation " on his rt. hand , nkd few month ago pt stated he slip and traumatized rt index finger few days later slectrical shock from the distal finger towar the tip fo the finger

LABORATORY RESULT:

OBJECTIVE:consious alert ward rt index finger plusminimal swelling noted on the 3rd joint area and no tenderness nor redness rom good

DOCTOR'S ORDERS:1) x-ray on rt.hand

ASSESSMENT/PLAN: nurve injury rt index finger

prednisone 60 mgm daily for 2 dasy 40 mgm daily for 2 days then 20 mgm daily for 2 days

f/up in japan

#

SIGNED BY JOHN PANGELINAN (JP)

05/27/05



Medical Associates of the Pacific, LLC

P.O. Box 500938 Suite 100 MH-II Bldg
Saipan, MP 96950
(670)323-9000

Patient Visit Record

Page 1
September 12, 2005

Toshiro TAKAHASHI

PMB 836 P.O. Box 10001
Saipan, MP 96950

Date/Time In: 09/12/2005 - 01:32PM
Date/Time Out: 09/12/2005 - 07:21PM

Patient ID: TAKA000003
Birth Date: 07/08/1946
Age: 59 Years, 2 Months
Sex: Male

Attending Provider: Ada, Norma S.
Vitals Recorded By: Torres, Maria J.
Accompanied By: Wei Dong Ji (Translator)

Chief Complaint:

59 y.o. appt. re. rt. index finger injured 6 mos. ago. RBS 281mg/dl

Vitals:

Height:	73in , 185.42cm (88%)	Blood Pressure:	150 / 90
Weight:	181 lbs, 82.1 kgs (79%)	Respirations:	16
BMI:	23.9	Pulse:	68
Temperature:	98.2F, 36.78C		

History of Present Illness:**E/M Elements**

New patient here with Japanese translator who happens to be Chinese. In early March 2005 when walking outside his business near Remington Club, he tripped and fell on concrete sidewalk. He states his right hand was extended outward and may have jammed his right index finger on concrete sidewalk. He also cut his right foot. He sought medical attention at PMC because of cut and right hand also hurt a lot with some ?swelling. However, within a week of his accident, right index finger started to swell up and also had electrical shock sensations shooting down only that right index finger. He had an x-ray already done at PMC and was told no broken bones but patient decided to go to Japan to seek medical attention. Over there, he saw a bone doctor and had x-rays done which showed no broken bones. He was also seen at Saipan Health clinic in May, had x-rays done and was also put on steroids for ?inflammatory process. However, pt still has electrical shock sensation at his right index finger. No increase pain with cold or hot exposure, able to use his finger, make a fist, but the pain sensation is very uncomfortable. No known fever.

Pt is a smoker and also history of high blood sugar which he doesn't call diabetes for about a year. He takes a medicine for his high blood sugar once a week but not sure of name.

Review of Systems:

HEENT	No blurry vision
Chest	No findings.
Cardiac	No findings.
Abdomen	No findings.
Urinary Tract	No polyuria
Genital	No findings.
Orthopedic	Right index finger pain-see HPI.
Neurological	No findings.
Psychosocial	No findings.
Endocrine	High blood sugar for about a year-evaluated by doctor in Japan.

Physical Exam:

Appearance	Normal, smells like tobacco; limited history due to poor translation for his friend/translator
Skin	Clear, pink no unusual pigmentation. No rashes or lesions seen. No discoloration of right hand index finger.
Head	Atraumatic, normocephalic
Eyes	Pupils equal, round react to light and accomodation. Sclerae clear. No discharge or tearing. Extra ocular muscles full ROM.

EXHIBIT**D**

Medical Associates of the Pacific, LLC

P.O. Box 500938 Suite 100 MH-II Bldg
 Saipan, MP 96950
 (670)323-9000

Patient Visit Record

Page 2
 September 12, 2005

Toshiro TAKAHASHI

PMB 836 P.O. Box 10001
 Saipan, MP 96950

Date/Time In: 09/12/2005 - 01:32PM
Date/Time Out: 09/12/2005 - 07:21PM

Patient ID: TAKA000003
Birth Date: 07/08/1946
Age: 59 Years, 2 Months
Sex: Male

Nose	Normal appearance. Septum undeviated. No discharge.
Neck	Supple.
Chest	Clear to auscultation and percussion. Normal appearance.
Cardiac	S1 and S2 with normal physiological split. No murmurs, rubs or heaves.
Abdomen	Soft, non-tender, no masses or organomegaly, bowel sounds normal
Extremities	No cyanosis or clubbing, peripheral pulses palpable. Mild edema with deformity at volar aspect of right index finger along PIP medial edge. Able to fully flex and extend at PIP and DIP joints of right index finger.
Neurological	Normal gross motor and sensory of UE and LE. DTR's 2+ bilat UE and LE. No atrophy or muscle wasting of right intrinsic hand muscles or those of right index finger.

Assessments:

782.0	DISTURBANCE SKIN SENSATION
250.02	DIABETES UNCOMP TYPE II UNCONTRD

Plan:

1. Pt has disabling paresthesia of right index finger; ? reflex sympathetic dystrophy or paresthesia secondary to nerve injury. I recommended pt be seen by an orthopedic surgeon for definitive diagnosis and not because suspect fracture, but possibly other musculo-skeletal or nerve crush injury causing his paresthesias. I recommended Dr. Austin or pt could go to Guam to see Dr. Bollinger-also orthopedic surgeon or the hand surgeon Dr. Jerone Landstrom. Through translator and his employee-Mr. Keith Ada, pt wishes to go to Guam. I wrote on MAP paper, the name of these doctors and gave them their contact numbers-pt will do his own follow-up. His friend asks if needs a CT-scan but I do not think this is necessary and should wait until he sees his specialist of choice before ordering a radiological study.
2. If this is RSD, could try topical capsaicin therapy.
3. Emphasized with patient that with his high blood sugar or diabetes (language barrier), blood sugar needs to be better controlled.
4. RTC prn.

Norma S. Ada 09/12/2005 07:21PM

